								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									09/8 78/08					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL	LEN		/ OR	OTHER SMALL			
TO	TAL CLAIMS		7.1				RAT	E	FEE		RATE	FEE		
FO	R		NUMBER FILED NUMB		NUMBI	ER EXTRA	BASIC FE		355.00	OR	Basic Fee	710.00		
	TAL CHARGEA	BLE CLAIMS	i minus 20=		· ¿		X\$ 9=			OR	X\$18=	10 F		
	EPENDENT CL		5 m	inus 3 =	1		X40	=		OR	X80=	160		
	MULTIPLE DEPENDENT CLAIM PRESENT						+13	S=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>			OR	TOTAL	478		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY							
ENT A		(Column 1) CLAIMS REMAINING AFTER		HIG NUI PREV	IMN 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
OME	Total	AMENDMENT	Minus		Jrok		X\$ 9=		OR	X\$18=				
AMENDM	Ind pendent	•	Minus	•••		3	X40=			OR	X80=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		ОR	070	·		
								STAL FEE		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)							,						
NT B		CLAIMS REMAINING AFTER AMENOMENT		NU PREV	MBER MOUSLY D FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total	· 3 5	Minus		26	= 9	X\$	9=		OR	X\$18=	162		
AMENDMENT	Independent	. 6	Minus	•••	5	= /	X4	0=		OR	X26=	54		
E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR				
							ADDIT	OTAL		OR	TOTAL	246		
		(Column 1)		(Co	lumn 2)	(Column 3)		. PEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NTC		(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HI NL PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
18	Total	1.24	Minus	••	26	3	X\$	9=		OR	X\$18=			
AMENDMEN	Independent	· 2	Minus	•••	3	=	X4	0=	1	OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	35=		ОЯ	070			

FORM PTO-076 (Rev. \$/00)

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE *U.S. CPO: 2000-469-706/30163

OR

TOTAL

ADDIT. FEE

TOTAL ADDIT: FEE

PATENT APPLICATION FEE DETERMINATION RECORD Application of Do										Docket Nu	ımber			
Effective October 1, 2003								09/878,108						
		CLAIMS A	- PART	SIVI,			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
T	OTAL CLAIMS	S						Ε	FEE		RATE	FEE		
F	OR		NUMBE	R FILED	NUM	BER EXTRA	BASIC	EE	385.00	OR	BASIC FEI	F 770.00		
T	OTAL CHARGE	ABLE CLAIMS	minus 20=		*		X\$ 9=		OR	X\$1.8=				
IN	DEPENDENT C	CLAIMS	minus 3 =		*		X43=			OR	You			
MI	JLTIPLE DEPE	NDENT CLAIM F	PRESENT											
*	the differenc	e in column 1 is	less than zero, enter "0" in column 2			+145: TOTA		······································	OR					
CLAIMS AS AMENDED - PART II							IUIA	L		OR		THAN		
	(Column 1) (Column 2) (Column						SMAL	LE	NTITY	OR		ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 22	Minus	** '3	5	=	X\$ 9=			OR	X\$18=			
AME	Independent	. 4	Minus	*** (9	=	X43=	1		OR	X86=			
	FIRST PRESE	ULTIPLE DE	PENDENT	CLAIM		+145=	1		OR	+290=				
											TOTAL			
	(Column 1) (Column 2) (Column 3)							E L		1 011	ADDIT. FEE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
MON	Total	*	Minus	- drár		=	X\$ 9=			OR	X\$18=			
AMENDMENT	independent	*	Minus	***		=	X43=	†		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							T		OR	+290=			
							+145= TOTAL ADDIT. FEL				TOTAL	•		
	(Column 1) (Column 2) (Column 3)									ON A	ADDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	,		
	Independent	*	Minus	***		=	X43=	1			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+		OR					
+145= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											TOTAL DDIT. FEE			
T	he "Highest Num	ber Previously Pak	f For" (Total or	Independen	l) is the	highest number fo	ound in the ap	pro	priate box	in colu	mn 1.			